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7590 11/01/2004

WOOD, PHILLIPS, KATZ, CLARK & MORTIMER
500 West Madison Street, Suite 3800
Chicago, IL 60661-2511
01/07/2005 HAL122 00000081 10644507

01 FC:1503 1100.00 OP
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Aidah Abdallah

(Depositor's name)

Aidah Abdallah

(Signature)

January 3, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/644,507	08/20/2003	A. Smaal	BAL6019P1211US	6560

TITLE OF INVENTION: KALANCHOE PLANT NAMED 'PATTY'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$60 /,100	\$300	\$960 \$1,400.00	02/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCCORMICK EWOLDT, SUSAN BETH	1654	PLT-340000

- | | |
|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | <u>1 Wood, Phillips, Katz,</u> |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | <u>2 Clark & Mortimer</u> |
| | <u>3 _____</u> |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

A.B. Breeding BV

Achterweg 58a, 1424 PR De Kwakel, Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-0785 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Lisa V. Mueller

Date 1-3-05

Typed or printed name Lisa V. Mueller

Registration No. 38,978

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